

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10/549015						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2		1			1		52						
3		1			1		53						
4		1			1		54						
5		4			1		55						
6		1			1		56						
7		1			1		57						
8		1			1		58						
9		1			1		59						
10		1			1		60						
11		1			1		61						
12		1			1		62						
13		1			1		63						
14		1			1		64						
15		1			1		65						
16		1			1		66						
17		1			1		67						
18		1			1		68						
19		1			1		69						
20		1			1		70						
21		1			1		71						
22		1			1		72						
23		1			1		73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.		↓		↓	↓	
TOTAL DEP.	25	←	22	←		←	TOTAL DEP.		←		←	←	
TOTAL CLAIMS	24		23				TOTAL CLAIMS						